



CITY OF READING, PENNSYLVANIA

PROPERTY MAINTENANCE DIVISION
HEALTH OFFICE
815 WASHINGTON STREET
ROOM 1-30
READING, PA 19601-3690
(610) 655-6214

HEALTH PERMIT APPLICATION

HEALTH PERMIT # _____ DATE ISSUED _____

(Official Use Only)

REQUIRED INFORMATION / DOCUMENTATION

Copy of business owner's ID ☐ Previous Health Permit Paid ☐ Certificate of business liability insurance ☐
Valid PA ServSafe Certificate ☐ (except tax exempt or non-profit)

GENERAL INFORMATION

Location of Business _____
Name of Business _____
Business Telephone _____
Name of Business Owner _____
Address of Business Owner _____
Business Owner Email _____

TYPE OF BUSINESS / FOOD SERVICE INFORMATION

____ Small Restaurant (less than 50 seats) ____ Large Restaurant ____ Deli ____ Bakery ____ Other
____ Small Grocery (less than 1,500 sq ft) ____ Large Grocery (1,500-2,500 sq ft) ____ Supermarket (2,500+ sq ft)

FOOD SERVICE INFORMATION

____ Number inside seating ____ Number outside seating

TYPE OF MERCHANDISE SOLD

(Check all that apply)

Supplier

____ Prepared or Cooked food _____
____ Hot or Cold drink _____
____ Grocery items _____
____ Fresh fruit and/or vegetables _____
____ Packaged food _____
____ Frozen products _____
____ General Merchandise _____
____ Alcohol _____

Name of Trash Hauler _____ Type of Trash Container _____

Other Permits Needed: ____ Zoning (Rm 1-27) ____ Business Privilege (Rm 1-27)
Inspections Needed: ____ Building ____ Plumbing ____ Electrical ____ Mechanical ____ Fire

I hereby verify that the information provided on this application is true and correct to the best of my knowledge, information and belief. I understand that false statements herein are made subject to the penalties of 18 Pa.C.S.A. §4904, relating to unsworn falsification to authorities. I hereby swear and affirm to abide by and adhere to the Codified Ordinances of the City of Reading and any and all applicable Federal or State laws, statutes or regulations.

Signature of Business Owner _____

Date Submitted _____



FAX: (610) 655-6525